603000042545

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S. HAWKES

DEC - 7 2009

EXAMINER

COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	MCM Prop	perty Ventures LLC				
SOBULCT.	·-····································	nited Liability Company				
	Articles of Amendment and fee(s) are suall correspondence concerning this matter	-				
	Michael R Ragoonath					
		Name of Person				
		Firm/Company				
		8484 Breezy Oak Way				
	Address					
		City/State and Zip Code ##RAGOONATH@aol.com To be used for future annual report notifi				
, .			cation)			
For further inf	ormation concerning this matter, please	call:				
	Michael R Ragoonath		737-6801			
	Name of Person	Area Code & Daytime	e Telephone Numb er			
Enclosed is a	check for the following amount:					
₹ \$25.00 Fili	ng Fee \$\bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS:	STREET/COURI	ER ADDRESS;			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	Ventures LL	rs on our records)		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	irs on our records.		
The Articles of Organization for this Limited Liability Company Florida document numberL03000042545	y were filed on	Nov. 04.2003	and assigned	
This amendment is submitted to amend the following:			AND CREIARY OF STATE	
A. If amending name, enter the new name of the limited lial	bility company he	<u>re</u> :	Q.5. W	
MCM Internationa				
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	200 Knuth R	200 Knuth Road ,Suite 218		
(Principal office address MUST BE A STREET ADDRESS)	Boynton Bea	ach, FL 33436		
Enter new mailing address, if applicable:	200 Knuth R	oad, Suite 218	····	
(Mailing address MAY BE A POST OFFICE BOX)	Boynton Bea	ach, FL 33436	 	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		our records, enter th	e name of the new	
Name of New Registered Agent: Same				
New Registered Office Address:				
	Ei	ıter Florida street addr	ess	
		, Florida		
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
			Add Remove			
	· · · · · · · · · · · · · · · · · · ·		□ n			
			Remye			
			Remove F. S. L. S.			
			Add			
D. If amen	ding any other information,	enter change(s) here: (Attach additional shee	ts, if necessary.)			
	Dog 04	2000				
Dated	Dec. 01	Julla Lamint	<i></i>			
	Signature	Michael B. Bageanath	mber			
		Michael R Ragoonath Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00